

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

ACCOUNTING EXAMINING BOARD

APPLICATION FOR ACCOUNTING FIRM LICENSE

PLEASE TYPE OR PRINT IN INK

FIRM NAME: _____

FIRM MAILING ADDRESS (number, street, city, zip code):

TYPE OF FIRM: ☐ Proprietorship ☐ Corporation ☐ Limited Liability Company
☐ Partnership ☐ Service Corporation ☐ Limited Liability Partnership

ADDRESS OF EACH OFFICE LOCATED IN WISCONSIN (attach additional sheets if necessary).

_____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Phone Number)
_____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Phone Number)
_____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Phone Number)
_____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Phone Number)

If you are closing a currently licensed firm with the opening of this firm, please indicate the name and license number for that location and the closing date.

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to application.

\$53.00 Initial Credential fee

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

1. Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions to do business in Wisconsin. Contact that office at 608-261-7577 for more information and of the statements below:

- ☐ The business entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the business entity has met current legal requirements to engage in business in Wisconsin.
- ☐ The business entity identified above has not filed documents, as described above, with another Wisconsin agency, because the business entity is not required to do so.

2. If the firm does not have an office in Wisconsin, identify the location of the firm and the certified public accountants who are designated as the managers for Wisconsin engagements.

FIRM LOCATION

(Street Address)	(City)	(State)	(Zip Code)	(Phone Number)
CERTIFIED PUBLIC ACCOUNTANT NAME	STATE LICENSED IN	OFFICE ADDRESS	TELEPHONE NO.	

3. List the names and addresses of all persons who are not certified public accountants and who have a financial interest or hold voting rights in the firm (attach additional sheets if necessary).

4. If any person who holds an ownership interest in the firm is not licensed, designate below a Wisconsin certified public accountant to be the individual responsible for the firm's compliance with Wis. Ch. 442 and administrative rules of the Wisconsin Accounting Examining Board.

Name of Designated CPA:	Wisconsin License #:
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STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| a. Has the firm or any of its officers EVER been convicted of a MISDEMEANOR, A FELONY, OR DRIVING WHILE INTOXICATED (DWI) , in this or any other state, OR are criminal charges or DWI charges currently pending? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the firm or any of its officers ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the firm.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has any licensing or other credentialing firm ever taken any disciplinary action against the firm, or any of its officers, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is disciplinary action pending against the firm or any of its officers in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the firm and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have any suits or claims ever been filed against the firm as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does the firm currently hold, or has held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

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CERTIFICATIONS

I hereby certify that:

1. All attest services provided by the firm in this state are under the charge of an individual CPA.
2. More than 50% of the ownership interest of the firm is held by individuals who are certified public accountants.
3. Each individual who holds an ownership interest in the firm, but who is not a CPA, actively participates in the firm or an affiliated entity.

I further certify that I have authority to complete this form on behalf of the firm and that the information on this application for a firm license is true and complete. I understand if I provide false information on this form my certificate as a certified public accountant may be revoked or suspended. I further agree to provide, upon request from the Accounting Examining Board or the Department of Regulation and Licensing, a complete list of firm members and persons having a financial interest or holding voting rights in the firm.

Signature of CPA: _____ Wisconsin
License #: _____ Date: _____

DID YOU REMEMBER TO:

1. Complete the Application for Accounting Firm License (Form #125)?
2. List the Wisconsin licensed CPA designated for this location?
3. Sign the application?
4. Attach the application fee?
5. Attach the Addendum to Application-Business Entities (Form #2552)?